Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04/21/2010</u>	Address:	4508 E. CR 200 S.
Case #:	<u>16F19667</u>		Lot# 360, Kokomo, IN
County:	<u>Miami (52)</u>		<u>46902</u>
Operation Chemic	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (o Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
 ☐ Red Phosphorous/Iodine Reaction(s): ☐ Flammable Solvents: In house ☐ Water Reactive Metal (Lithium): 			
Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s):			
☐ Corrosive Base:			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>Taylor V.F.D.</u> artment: <u>Howard County</u> ection Service: <u>N/A</u>	Fax: <u>765-4</u> Fax: <u>765-4</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>T.J. Zeiser</u> Phone <u>765-473-6666</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.